

ANNUAL REPORT

on the

HEALTH

of the

Rural District of Thornbury

for the Year 1950

by the

MEDICAL OFFICER OF HEALTH

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by

W. J. DOUGLAS COOPER, M.B., B.Ch., B.A.O., D.P.H.

Medical Officer of Health.

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THORNBURY RURAL DISTRICT COUNCIL

Council Offices,

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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR ENDING 31st DECEMBER, 1950.

Mr. Chairman, Sir, Ladies and Gentlemen,

I have pleasure in submitting my fourth Annual Report for this District.

The Report is based in accordance with the requirements of the Ministry of Health Circular 112/50, dated 6th December, 1950, and statistics are based mainly on the returns made to me by the Registrar General.

One often feels in Public Health work that little has been achieved during a specific year, but I often think this is due in part to the fact that Preventive Medicine, if it is being done well, gets no publicity. One only hears about a Public Health Department in the Press when an epidemic occurs in the area and then, in many instances, the publicity is only available because the Health Department may have failed in its duties.

The work in the department has increased considerably during the past few years. Much more interest is being taken in milk and ice-cream sampling and factory inspection, but there are many more Public Health functions which are not being carried out to the extent that I would like them. I feel that this is due in some respects to shortage of Public Health staff.

I think one of the most important responsibilities of our department is with regard to housing conditions. There are approximately 6,004 non-Council dwellings in the district of Thornbury and many of these are found in a state of disrepair. Others are structurally unsound or affected with dampness, insufficient lighting, inadequate sanitary accommodation, and so on.

Following a report to the Council the necessary action is taken to deal with unsatisfactory conditions in each case; this may lead to the repair and reconditioning, or demolition order on the property. Unfortunately the allocation of new houses is so small, that many of the really bad properties have had to

be dealt with leniently, i.e., make them windproof and watertight to last for a number of years until the housing position improves. In many cases, the officers find it very difficult to ask landlords to carry out the necessary repairs under the Housing Act because the property could not be brought up to a proper standard at a reasonable cost. Therefore, the items of disrepair are dealt with as nuisances under the Public Health Act. If the Rent Restriction Act was reviewed by Parliament with a view to giving landlords a reasonable rent, taking into account the large increase in the cost of repairs during recent years, then a definite improvement in this section of the Public Health work would take place.

The Parliamentary Secretary to the Ministry of Health recently reported that "the average age at death in Great Britain in the years 1900, 1910, 1920, 1930 and 1940, was 35, 40, 44, 54 and 58 respectively." During 1949 and 1950 the average age at death was 64.4 and 61.42 in the Thornbury Rural District. This is no mere accident. The Environmental Health Services have done much to aid this achievement, and of this it is felt, the Thornbury Council can be justly proud.

In conclusion I wish to express my appreciation of the support and encouragement given me during the year by the Chairman and Members of the Council. Also, again, I wish to thank the staff of the Public Health Department for their support and loyalty during the year.

I have the honour to be,

Your obedient servant,

W. J. DOUGLAS COOPER,

Medical Officer of Health.

To the Chairman and Members of

The Thornbury Rural District Council.

PART I.

GENERAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

1.—SOCIAL CONDITIONS

No important change has taken place in the nature of the chief trades carried out in the District. These are :

- (1) Agriculture and Allied Trades.
- (2) Sharpness Docks and Ship Building.
- (3) Quarrying.
- (4) Brick and Tile Manufacturing.
- (5) Caravan Building.
- (6) Braid and Loom Elastic Smallwares.
- (7) Salmon Fisheries.
- (8) Flour Mills.
- (9) Baking.
- (10) Aircraft Engineering.

2.—STATISTICS, 1950

(a) GENERAL STATISTICS

Area of District	...	...	...	...	61,337 acres
Population	...	...	...	...	25,180
Number of inhabited properties	...	...	...	...	6,896
Number of inhabitants per property	...	...	...	...	3.7
Rateable Value	...	...	...	...	£123,020
Sum represented by 1d. rate	...	...	...	...	£495
Number of Council Houses	...	...	...	...	892
Number of Requisitioned Houses	...	...	...	...	11
Percentage of Council Houses	...	...	...	...	13.1%

Inhabited Properties

Houses	...	...	...	...	6,066
Farms	...	...	...	...	519
Houses and Shops	...	...	...	...	241
Public Houses	...	...	...	...	71
Total	...	...	...	...	6,896

Percentage of population served by Main water	...	65%
Percentage of population served by modern sewers	...	45%

Varying Populations of Thornbury Rural District

Year	Population
1891	16,542
1905 (Parish of Henbury taken in)	18,419
1913	19,223
1919	17,478
1938	19,480
1939	20,470

1940	...	...	...	...	...	23,339
1941	...	...	...	...	...	24,610
1942	...	...	...	...	...	24,440
1943	...	...	...	...	...	23,730
1944	...	...	...	...	...	22,990
1945	...	...	...	...	...	22,790
1946	...	...	...	...	...	23,500
1947	...	...	...	...	...	23,920
1948	...	...	...	...	...	25,590
1949	...	...	...	...	...	25,570
1950	...	...	...	...	...	25,180

(b) EXTRACTS FROM VITAL STATISTICS

Live Births :

			Total	M.	F.
Legitimate	...	...	347	177	170
Illegitimate	...	...	17	7	10
Total	...	...	364	184	180
Birth Rate per 1,000 Population mid 1950					14.4
Birth Rate, England and Wales per 1,000 Civilian Population					15.8

Still Births :

			Total	M.	F.
Legitimate	...	...	9	4	5
Illegitimate	...	...	—	—	—
Total	...	...	9	4	5
Still Birth Rate per 1,000 Population					0.35
Still Birth Rate, England and Wales per 1,000 Civilian Population					0.37

Marriages :

Number of Marriages taking place in Register Office during 1950						40
Number of Marriages taking place in Churches and Chapels during 1950						132
Total	...	...	...	...	...	172

Deaths :

Number of Deaths registered in Thornbury Rural District						222
116 Male deaths and 106 Female Deaths.						
This makes the Death Rate per 1,000 Civilian Population						8.8
Death Rate, England and Wales, per 1,000 Civilian Population						11.6

Death Rate in 126 County Boroughs and Great Towns (including London) ...	12.3
Death Rate in 148 Smaller Towns ...	11.6
Death Rate in London Administrative County ...	11.8
The average age of Male Deaths in Thornbury during the year was ...	55.08 years
The average age of Female Deaths ...	68.39 years
Making the average age of all Deaths during the year in Thornbury ...	61.42 years

Number of Women Dying in, or in consequence of, Childbirth :

From Sepsis ...	Nil
From other causes ...	Nil
Rate per 1,000 total (live and still births)...	Nil
This rate has been nil for the past three years and speaks highly of the care given to the mother during childbirth by the local midwives, General Practitioners, Hospitals and Nursing Homes.	

Deaths of Infants under 1 year :

	M.	F.	Total
Legitimate ...	3	3	6
Illegitimate ...	—	2	2
Totals ...	3	5	8

Infant Mortality Rate :

Death Rate of Infants under 1 year of age per 1,000 live births ...	21.9
Infant Mortality Rate for England & Wales	29.8
Legitimate Infants per 1,000 legitimate live births ...	18.2
Illegitimate Infants per 1,000 illegitimate live births ...	118

Causes of Deaths of Infants under 1 Year :

Sex	Age	Cause of Death
F.	10 weeks	Asphyxia
M.	5 hours	Asphyxia
M.	2 months	Broncho-Pneumonia
F.	9 hours	Prematurity
F.	18 hours	Prematurity
F.	1 week	Congenital Abnormalities
M.	15 hours	Birth Injuries
F.	2 weeks	Congenital Deformities

CANCER DEATHS

There were 40 deaths from Cancer during the year. The average age of these Cancer deaths was 66.3 years.

Below is given the various types of Cancer that occurred :—

Cancer of Rectum	...	...	...	...	3
Cancer of Stomach	...	...	...	...	9
Cancer of Ovary	...	...	...	...	1
Cancer of Breast	...	...	...	...	5
Cancer of Colon	...	...	...	...	7
Cancer of Bladder	...	...	...	...	2
Cancer of Eye	...	...	...	...	1
Cancer of Larynx	...	...	...	...	2
Cancer of Pancreas	...	...	...	...	1
Cancer of Oesophagus	...	...	...	...	1
Cancer of Liver	...	...	...	...	1
Cancer of Blood	...	...	...	...	1
Epithelioma of Tongue	...	...	...	...	1
Cancer of Lung	...	...	...	...	2
Cancer of Brain	...	...	...	...	1
Cancer of Bone	...	...	...	...	1
Cancer of Uterus	...	...	...	...	1
Total					40 cases

It is interesting to note that the most common causes of death from Cancer are that of the Stomach and Breast as primary sites of the disease. These are actually two of the types with the best prognosis when diagnosis is made early. It makes one think that more propaganda should be put over to the general populace in relation to these two types of cancer, so that they can be aware of the dangers in delay in going to see their General Practitioner.

TUBERCULOSIS DEATHS

There were 9 deaths attributed to Tuberculosis—8 males and 1 female, including one Silico Tuberculosis M. 54.

The average age of these deaths was 42.4 years.

ANTERIOR POLIOMYELITIS DEATHS

A female aged 3 years and one aged 2 years died from this infectious disease.

CORONARY THROMBOSIS DEATHS

12 males and 8 females died from this type of heart disease. Their average age was 72.2 years.

LONGEVITY IN THE DISTRICT

Ages at death	Males	Females	Total
0— 1 year	3	4	7
1—20 years	1	5	6
20—40 years	10	0	10
40—50 years	9	5	14
50—60 years	9	12	21
60—70 years	32	13	45
70—80 years	32	30	62
80—90 years	19	29	48
90-100 years	2	7	9
Totals	117	105	222

This table shows that the majority of deaths are taking place in the 70-90 age groups.

DEATHS IN HOSPITAL OR INSTITUTION

Southmead Hospital	20
Horton Road Hospital, Gloucester	2
Holmwood Nursing Home, Cowes	1
Bristol Mental Hospital	3
Royal Hospital, Gloucester	2
Stapleton Hospital, Bristol	7
Royal Infirmary, Bristol	9
General Hospital, Bristol	2
Frenchay Hospital	2
Snowdon Road Hospital	3
Coney Hill Hospital, Barnwood	3
Homœopathic Hospital, Bristol	1
Stoke Park Colony	2
Children's Hospital, Bristol	1
Savernake Hospital	1
Ham Green Isolation Hospital	1
Thornbury Hospital	13
Berkeley Hospital	3
Almondsbury Hospital	6
Total	82

Therefore 82 deaths took place in hospital or Nursing homes out of a total of 222.

This makes the percentage of deaths occurring in hospital as 37%

The following deaths occurred in the local hospitals of the area :—

Thornbury Hospital	...	...	...	...	50
Hortham Colony	...	...	...	...	12
Berkeley Hospital	...	...	...	...	6
Almondsbury Hospital	...	...	...	...	10

A number of these deaths were, of course, transferable deaths to other areas.

DEATHS BY MONTHS

January	...	...	...	...	...	20
February	...	...	...	...	...	16
March	...	...	...	...	...	31
April	...	...	...	...	...	24
May	...	...	...	...	...	24
June	...	...	...	...	...	18
July	...	...	...	...	...	16
August	...	...	...	...	...	11
September	...	...	...	...	...	10
October	...	...	...	...	...	17
November	...	...	...	...	...	18
December	...	...	...	...	...	27
Total	...	...	...	...	...	222

It can be seen from this table that the highest percentage of deaths occurred during the months of October to May, and the worst two months of the year are December and March.

DEATHS Analysis of Causes and Age Groups

Causes of Deaths		Age Group							Total
		Under 1 yr.	1—	5—	15—	25—	45—	65—	75—
1. Tuberculosis of the respiratory system	..	1							7
2. Other forms of tuberculosis	..	2							1
3. Syphilitic disease	..	3							
4. Diphtheria	..	4							
5. Whooping Cough	..	5							
6. Meningococcal infections	..	6							
7. Acute poliomyelitis	..	7	2						2
8. Measles	..	8							
9. Other infective and parasitic diseases	..	9		1					1
10. Malignant neoplasm of stomach	..	10					4	4	9
11. Malignant neoplasm of lungs and bronchus	..	11					2		2
12. Malignant neoplasm of breast	..	12					3		4
13. Malignant neoplasm of uterus	..	13					1		1
14. Other malignant and lymphatic neoplasms	..	14			1	1	8	3	22
15. Leukemia, aleukemia	..	15			1				1
16. Diabetes	..	16							2
17. Vascular lesions of nervous system	..	17				1	4	9	27
18. Coronary disease, angina	..	18					3	8	20
19. Hypertension with heart disease	..	19					1	1	3
20. Other heart disease	..	20				4	7	14	5
21. Other circulatory disease	..	21							60
22. Influenza	..	22						1	2
23. Pneumonia	..	23	1				1	2	3
24. Bronchitis	..	24		1				1	7
25. Other diseases of respiratory system	..	25		1			2		3
26. Ulcer of stomach and duodenum	..	26					1		1
27. Gastric, enteritis and diarrhoea	..	27					1	1	3
28. Nephritis and nephrosis	..	28					1	1	3
29. Hyperplasia of prestat	..	29					1	1	4
30. Pregnancy, childbirth, abortion	..	30							
31. Congenital malformations	..	31	5						5
32. Other defined and ill-defined diseases	..	32				1	4	2	16
33. Motor vehicle accidents	..	33				1	1		2
34. All other accidents	..	34	1			1	2	1	4
35. Suicide	..	35							
36. Homicide and operations of war	..	36							

TUBERCULOSIS

AGE	NEW CASES				DEATHS			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	Male	Female	Male	Female	Male	Female	Male	Female
0—								
1—								
5—	1			3				
15—	1	1			1			
25—	9	8			2			
35—	2	8			2			
45—	2	1			3			
55—	1					1		
65 and upwards	1	1		1				
Age unknown								
TOTALS	17	19	0	4	8	1		

Average age of death from Tuberculosis during the year : 42.4 years.

COMPARATIVE TABLES FOR THE PAST FOUR YEARS

Birth Rates, Thornbury Rural District

1947 ...	19.4	
1948 ...	16.4	
1949 ...	16.4	1950 England & Wales 15.8
1950 ...	14.4	

Death Rates, Thornbury Rural District

1947 ...	10.1	
1948 ...	9.7	
1949 ...	9.7	1950 England & Wales 11.6
1950 ...	8.8	

Average age of death, Thornbury Rural District

1947 ...	—
1948 ...	62.7
1949 ...	64.4
1950 ...	61.42

Infant Mortality Rates, Thornbury Rural District

1947 ...	—	
1948 ...	19.0	
1949 ...	38.0	
1950 ...	21.9	1950 England & Wales 29.8

From these comparison tables a few observations can be made. Firstly, the birth rate has fallen considerably during the past 2-3 years. This may be due to many factors, but one of the most important, in my estimation, is the shortage of housing accommodation for young married couples living with in-laws, which causes a big strain in the early years of married

life and does not lead to increases in family. I think the Housing Committee should take cognisance of this fact when new allocations of houses are received from the Ministry. There may be more need for two-bedroomed houses than the larger types. With the transfer system now working, families could be graded up according to size. I believe that the Lettings Committees should also take into consideration the childless married couples who have a medical history of not being able to have a family. This type of couple are usually excluded from rehousing because of lack of family. They are usually doomed to live with in-laws or in rooms and therefore miss the satisfaction of building up a home of their own.

I have no remarks to make about the death rate except to say that it usually remains below the average for England and Wales. The average age of death is fairly high and points to the advances that have been made in medical science, social medicine and environment hygiene.

The Infant Mortality Rate has remained about the level of that of England and Wales, as a whole.

It is difficult to make general observations on infant mortality rates from such small figures as are available in this district.

DIPHtheria IMMUNISATION

This scheme has continued to progress, thanks to the co-operation of the General Practitioners, District Nurses, Health Visitors and School Teachers, not to speak of the parents.

Age at 31.12.50 <i>i.e.</i> , Born in Year	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5-9 1941-45	10-14 1936-40	Total under 15
Number Immunised	—	201	355	253	278	2046	890	4023
Estimated Mid-year Child Population 1949	Children under 5 2,148							Children 5-14 3,815
								5,963

No cases of Diphtheria were notified during 1950.

Percentage of Child Population under 15 years of age who have completed a course of Diphtheria Immunisation — 67.4%

This figure shows a decrease from last year but this is probably due to the fact that immunisation was suspended temporarily for a few months during the prevalence of Anterior Poliomyelitis in the district. However, there is a certain amount of inertia among parents about immunisation—some feel that Diphtheria as a disease has disappeared and therefore it is unnecessary to have the child immunised. This is a very false view to take. There is nothing more certain than that if the immunisation scheme breaks down or falls below a certain percentage, diphtheria will return with its old virulence. All interested in Public Health, generally, must put over this view to parents.

INFECTIOUS DISEASE—AGE GROUP. 1950

Disease	Under 1 yr.	1 yr.	2 yr.	3 yr.	4—5 yrs.	6—9 yrs.	10—14 yrs.	15—19 yrs.	20—34 yrs.	35—44 yrs.	45—65 yrs.	Over 65	Age Un- known	Totals
Scarlet Fever ..	1		2	3	8	12	2	3	1				2	34
Diphtheria ..														
Puerperal Pyrexia ..														
Pneumonia ..	4	2	1	4	3	4			1	6	3	2	2	32
Erysipelas ..						1			1	1	3			6
Dysentery ..		2	1	4	6	9	8	7	4				3	44
Measles ..	1	3	20	14	25	15	1		1				2	82
Anterior Poliomye- litis ..														
Acute Polio- encephalitis ..			1	2	1	2	1	1		1	1			10
Cerebro Spinal Fever						1								1
Typhoid ..														
Whooping Cough ..	12	14	19	33	54	45	2		1				1	182
TOTALS														391

INFECTIOUS DISEASE STATISTICS

	Thornbury Rural District	England and Wales	126 County Boroughs & Great Towns (including London)	148 Smaller Towns in England & Wales	London Admin- istrative County
Deaths					
All causes	8.8	11.6	12.3	11.6	11.8
Typhoid & Paratyphoid Fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.00	0.01	0.01	0.01	0.01
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.35	0.36	0.42	0.33	0.39
Influenza	0.12	0.10	0.09	0.10	0.07
Smallpox	0.00	0.00	0.00	0.00	0.00
Acute Poliomyelitis	0.08	0.02	0.02	0.02	0.01
Pneumonia	0.29	0.46	0.49	0.45	0.48
Notifications (Corrected)					
Typhoid Fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid Fever	0.00	0.00	0.00	0.00	0.00
Meningococcal Infection	0.04	0.03	0.03	0.02	0.03
Scarlet Fever	1.35	1.50	1.56	1.61	1.23
Whooping Cough	7.22	3.60	3.97	3.15	3.21
Diphtheria	0.00	0.02	0.03	0.02	0.03
Erysipelas	0.24	0.17	0.19	0.16	0.17
Smallpox	0.00	0.00	0.00	—	—
Measles	3.26	8.39	8.76	8.36	6.57
Pneumonia	1.27	0.70	0.77	0.61	0.50
Acute Poliomyelitis	0.39	0.18	0.17	0.17	0.13
Food Poisoning	0.00	0.17	0.16	0.14	0.25
Dysentery	1.74	—	—	—	—
Deaths					
All causes under 1 year of age	21.9	29.8	33.3	29.4	26.3
Enteritis & Diarrhoea under 2 years of age	0.00	1.9	2.2	1.6	1.6
Notifications (Corrected)					
Puerperal Fever & Pyrexia	0.00	5.81	7.43	4.33	6.03

INFECTIOUS DISEASES

WHOOPIING COUGH

During the year this area has been comparatively free from infectious disease except for an undue prevalence of Whooping Cough. There were 182 cases notified by General Practitioners and there may have been milder cases not seen by the Doctor and therefore not notified. The notifications were continuous right through the year and reports from General Practitioners show that the disease was mild in character with few complications. However, it must not be forgotten that Whooping Cough is a disease of childhood which can do untold harm. It often leaves a weakness in the lungs predisposing to attacks of Asthma, Bronchitis and even Tuberculosis.

Only one case of this disease had to be removed to hospital. This was a male child of 9 months.

The age groups are interesting :—

Under 1 year	...	...	...	...	12 cases
1 year old	...	...	...	...	14 cases
2 years old	...	...	...	...	19 cases
3 years old	...	...	...	...	33 cases
4—5 years old	...	...	...	...	54 cases
6—9 years old	...	...	...	...	45 cases
10-45 years old	...	...	...	...	5 cases
Total					182 cases

It is obvious from these figures that Whooping Cough mostly affects children under 10 years, and that infection may therefore spread through close contact at Child Welfare Centres and Infant Schools as well as at Sunday Schools and other sundry places where children at that age gather together.

Parents have a tremendous responsibility in stopping the spread of infection by prompt calling-in of their General Practitioner and keeping the child isolated as much as possible until the whooping and other symptoms have cleared up. Unfortunately the early symptoms of the disease are so mild in these days that mothers are neglectful of isolation and so the epidemic progresses. A child does not need to whoop to be diagnosed as Whooping Cough. I think that if a child is waking up at night and coughing in spasms followed by vomiting then in most cases it should be diagnosed as Whooping Cough and the child isolated.

I feel that teachers in infant and junior schools can do a lot to stop the spread of the disease by sending children home, *during epidemic times*, because of a severe cough in the classroom.

Experiments have been held by the Medical Research Council in different parts of the country to determine the adequacy of the various whooping cough Prophylactic Serums in use. These have all been carried out with control groups of children and the preliminary reports show that one of the Serums used may be very beneficial in making this damaging disease of children into a very mild form of infection. In many cases this new Serum has prevented an attack or if the child is infected, then the attack is very mild in character.

It is to be hoped that soon the Medical Research Council will see its way to advise the Ministry that Whooping Cough Inoculation is worth while so that we can get rid of this scourge in a similar manner to Diphtheria.

ANTERIOR POLIOMYELITIS

There were twelve cases of Acute Anterior Poliomyelitis notified by General Practitioners during the year. One of these was from Hortham Colony and was eventually diagnosed as a Cerebral Abscess in Bristol Children's Hospital. Another one was sent into Ham Green Isolation Hospital and was finally diagnosed as an Acute Tonsillitis. There was a missed case which eventually developed a dropped foot and was picked up much later.

The cases were scattered all over the area—three at Almondsbury, 4 at Alveston, 1 at Earthcott, one at Newport, one at Cribbs Causeway, one at Patchway, and one at Thornbury. There were two deaths from the disease—one, a female child of 3½ years, died in Ham Green Isolation Hospital of extensive paralysis—the other was a female of under two years who died in hospital during October.

All the cases occurred during the months August to November, when the disease was prevalent all over the country.

There was no traceable contact between the cases except in the Alveston Group, where two brothers and the child who died had a lot of mutual contacts.

Sex and Age	Amount of Damage	Prognosis
1. Female, 14 years.	Extensive.	Confirmed in hospital as cerebral abscess.
2. Male, 36 years.	Weakness in Back and Shoulder Muscles.	Complete Recovery.
3. Male, 19 years.	Paralysis of legs and weakness in spinal musculature and both triceps.	Arms and Back have recovered completely, and to a large extent also the R. Leg, but there is residual paralysis in left leg. He still attends for Physiotherapy treatment and is improving.
4. Female, 4 years.	Moderate Paralysis.	Good results after physiotherapy.
5. Female, 2 years.	Non-Paralytic.	Complete recovery.
6. Male, 48 years.	Bulbar and Spinal Paralysis.	Still some residual paralysis of muscles of R. Shoulder, Girdle and Thighs but this is gradually improving; still attending for Physiotherapy treatment.
7. Male, 9 years.	Paralytic.	
8. Female, 11 1/2 mths.	Extensive Paralysis.	Died in hospital.
9. Male, 13 years.	Paralytic.	
10. Male, 9 years.	None.	Diagnosed in hospital as acute tonsillitis.
11. Female, 3 1/2 years.	Extensive Paralysis.	Died in hospital.
12. Male, 3 years.	Missed Case.	Dropped Foot—stationary.

It can be seen from the ages of those affected that the term Infantile Paralysis used by the lay Press gives a very false impression of the type of individual affected by the disease. It is a disease that does not discriminate between poor or rich, child or adult. All of the cases in this district occurred within three months—August to October. At that time, of course, the disease was prevalent all over the country. I am more than convinced that a large proportion of the population are immune to this virus disease and that during epidemic times the remaining portion build up a resistance, without symptoms, have a mild attack or else succumb to the disease.

The virus now can be isolated but the method of spread is still at variance. Most authorities are inclined to think that it

is more likely to be a faecal spread rather than droplet infection, but this has never been proved conclusively.

There is no doubt that it is a crippling disease and can be most frightening during epidemic times, but I do feel that the Press makes too much headline out of it and thus scare the local population when a few cases arise in a district. The Press could do a lot more good by making headlines of Whooping Cough Epidemics or undue prevalence of Tuberculosis in an area. In the latter case, Housing Authorities might take more notice of the needs for rehousing Tuberculous families, if this were done.

There is, as yet, no specific treatment for Anterior Poliomyelitis, but physiotherapy has made big strides in eradicating residual paralysis in those who were formerly crippled for life, and I do feel that this has helped, in no small way, to speed the recovery of those left with residual paralysis.

In Alveston, two brothers were affected with the disease. The boy of 9 years went down with the disease on 4/11/50—he had had a cold about 10 days previously which had apparently cleared up. He was removed to hospital on the 4th. The elder brother, aged 12 years, went down with the disease on the 10th/11/50, was removed to hospital that day.

Both boys attended the same Council School.

In view of the close contact in these two cases and the possibility of the spread of infection in this Council Estate, a small survey was carried out in the area. Each tenant was interrogated to find out if anyone had been ill in the household during the previous 14 days.

It is hard to come to any specific conclusion about the result of the inquiry. The results apertain to 25 households in the Estate with a population of just under one hundred

- 1% complained of sore throat .
- 4% complained of backache and headache.
- 3% complained of 'flu symptoms.
- 4% complained of pains in the limbs.
- 32% complained of colds.
- 4% complained of stomach pains.

48% total.

I have always felt that during the prevalence of this disease in an area—a certain percentage of the population are immune to an attack, a percentage have a mild attack of non-paralytic type or an abortive attack, and certain people succumb to the

disease. This 48% may have been having their mild attack to build up immunity or it may have been purely coincidental in that it was the time of the year in which it is usual for the populace to suffer from minor complaints such as described above.

A survey of this type might give much more knowledge of the infectivity of the disease if the virus could be more easily isolated from the stools or droplets.

SCARLET FEVER

There were 34 cases of Scarlet Fever notified during the year. These were all mild in character and scattered over the area. One case of the disease was removed to Isolation Hospital from H.M.S. Vindicatrix at Sharpness because of the difficulty of isolating it there. One other case was removed to hospital on social grounds. Scarlet Fever is now so mild that hospitalisation is never necessary except on social grounds.

MEASLES

At the end of the year a number of cases of Measles were notified—82 in all. This appeared to be the start of the biannual epidemic of the disease which has been borne out by the numbers so far in 1951.

CEREBRO-SPINAL FEVER

One case of this was reported during the year. This was a male child of 6 years who made a complete recovery with modern drug therapy. Since the discovery of M & B and the Penicillin group of drugs, the disease has become rarer and is not nearly so frightening.

DYSENTERY

Hortham Colony, Almondsbury

I am indebted to the Superintendent (Dr. Lyons) for this report on the cases of Dysentery notified in the year 1950.

The total number of rectal swabs sent to the Preventive Medicine Department in this period was 1,008. The number of positive results returned was 78, or about 7%. This includes several cases which were resistant to treatment and required several courses of chemotherapy before becoming bacteriologically negative, and four cases which became positive five months after being negative on three occasions.

It is possible that these figures might not compare unfavourably with a comparable series of children outside institutions.

Every patient is swabbed on admission, whenever a diagnosis of dysentery is suspected, and every three months

after a patient has once been found to be positive. Treatment and isolation are continued until three consecutive negative results are obtained.

All the cases were low-grade mentally defective children.

Although the same routine of swabbing applies to them, none of the older patients were affected in the period under review.

Only three of the ten residential buildings, or lodges, were affected with the hospital block, so that in this as in other epidemics the spatial barrier between the blocks is effective in limiting the spread. The children from all the lodges affected attended the same school, until the presence of three or four cases in a lodge indicated the need for isolating it.

There was a marked seasonal incidence, with one wave in May and June, and the second in October, November and December, as shown in the table following. There were no cases in January-March :

Lodge	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
"Hambrook"	—	—	—	—	—	—	—	7	8
"James	—	11	—	—	—	—	—	—	—
"Hospital"	—	6	—	—	—	—	—	—(2)—	—
"Lyndale"	2	—	—	—	—	—	9	8	2

The (2) cases from the hospital in November had suffered from clinical dysentery in May, and although they each had three negative swabs after treatment, they had mild relapses, or perhaps reinfections, five months later.

The clinical course of the disease in the majority of cases was mild. The onset was often a general malaise with fever for a day or two before abdominal pain or blood and mucus in the stools indicated the diagnosis. Clinical recovery after instituting treatment was brisk. One child who was declining slowly, died a fortnight later and the dysentery may have hastened the end.

Treatment consisted first in isolating the patient in bed, in a single-bed side ward where possible, and then isolating the lodge if there were more than three cases. Sulphasuxidine, two tablets every four hours, was given, in emulsion form for the younger patients.

In the case of James and Hambrook lodges, the whole lodge of fifty odd patients was given a week's course of Sulphasuxidine tablets, two—three times a day, or Sulphaguanidine emulsion (1 tablespoon=4 tabs.). In the case of James lodge, the effect was dramatic, no further cases occurring.

In Hambrook three new cases followed the course, and one case relapsed after apparent cure.

In Lyndale lodge, where the youngest and lowest-grade patients are, the whole lodge was rectally swabbed like the others, but owing to the difficulty of administration the prophylactic course for the whole lodge was omitted.

At the Bristol Preventive Medicine Department where the 'H' typing of strains of dysentery bacilli is done, it was shown that all Hortham cases are of one strain, not found elsewhere.

TUBERCULOSIS

During the year 1950 some effort was made by the Gloucestershire Chest Physician to clear up the Tuberculosis Register of the District.

At the beginning of the year the figures were :—

PULMONARY			NON-PULMONARY			TOTAL
Males	Females	Total	Males	Females	Total	
111	70	181	48	39	87	268

At the end of 1950 there was quite a big change :—

PULMONARY			NON-PULMONARY			TOTAL
Males	Females	Total	Males	Females	Total	
74	53	127	28	32	60	187

This large reduction in the Register is due to better co-operation between the Chest Physician and the Public Health Department. The cases stroked off the Register are those cured, died or left the area.

Unfortunately, the South of the County has now been separated from the Gloucestershire Tuberculosis service. This area now comes within the jurisdiction of the Bristol Group of Hospital and so all tuberculous cases are handled by that Group of Chest Physicians. This has led to a certain amount of administrative difficulties which are gradually being smoothed out and I feel that in time the Tuberculosis problem in this area will be tackled in a workmanlike manner.

We should get much nearer the solving of the Tuberculosis problem if the following programme could be carried out in full :—

1. Getting to know the problem and sources of infection.

2. Early admission of Tuberculous cases to hospital.
3. Tuberculin Testing of school children and contacts with the probable use of B.C.G. Vaccination.
4. Better co-operation with the Housing Authority in relation to the rehousing of Tuberculous families.
5. More Mass Radiography, especially in works and senior schools.
6. Help for the Tuberculous through the local T.B. After-Care Committee.
7. Publicity about Tuberculosis to educate the public in means of stopping the spread of infection.
8. Co-operation with the Public Health Department in Preventive Action.

Forty new cases of Tuberculosis were notified during the year and there were 9 deaths from the disease.

In relation to housing of tuberculous families, the Health Department have had some co-operation from the Lettings Committees but much more help can be given in this direction. I feel certain this is one of the most important steps that can be taken from a preventive action as overcrowded conditions and bad property certainly lead to the spread of the disease. I might say that all new notifications are now reported on by the Health Visitor or Sanitary Inspector and if a bad report is received on the housing conditions, then the case is taken up with the Lettings Committees.

PART II.

REPORT OF THE SURVEYOR AND CHIEF SANITARY INSPECTOR

To the Chairman and Members of the
Thornbury Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

This is the fifteenth annual report in which I have been interested in preparing for this Council.

Reviewing the years, it appears to me that the energies of the war years, and the frustrations of the immediate post-war years are assuming their true perspective, and we now see the activities of Councils going forward—slowly, but nevertheless forward—to very definite improvements in the sanitary conditions of the district.

The Council's efforts to obtain a mains water supply to the five Northern Parishes of Alkington, Berkeley, Hamfallow, Ham and Stone and Hinton culminated in an official opening of Stage I of the mains by the recent Minister of Health, the Rt. Hon. Aneurin Bevan. The conditions in these Parishes have been a source of worry and concern to the Public Health Department for many years, and the Council are to be congratulated upon the resolute and energetic way in which they, and in particular the Chairman (Councillor J. H. Cooke) and the Solicitor and Clerk of the Council (Mr. J. L. Judd) have assisted the scheme forward. Stage II of the Water Mains Scheme is being proceeded with during 1951, and it is to be hoped that Stage II and III will be completed by the end of 1952.

The present year saw also Ministry of Health inquiries into several other Water and Sewerage schemes, namely :—

- | | |
|--|----------|
| (1) The Southern and Central Water Scheme of the West Gloucestershire Water Company, at an estimated cost of | £327,000 |
| (2) Sewerage Scheme for Berkeley at an estimated cost of | £65,000 |
| (3) Sewerage Scheme Extension, Thornbury, at an estimated cost of | £35,000 |
| (4) Sewerage Scheme for Alveston at an estimated cost of | £85,000 |
- They have also in hand :—
- | | |
|--|---------|
| (5) Sharpness Sewerage Scheme, estimated to cost | £22,300 |
|--|---------|

- (6) Severn Beach Sewerage Scheme, estimated to cost £37,145
- (7) Northern Water Scheme, Stage II, estimated to cost £44,450
- (8) Northern Water Scheme, Stage III, cost at present unknown.

It is perhaps not recognised by the general public that schemes such as these are instigated as the result of much investigation and hard work by the Public Health Department, and that after the work of the Water and Sewerage Engineers is finished, the Department has again to take over and assume the task of seeing that properties are connected and use made of the services provided.

There has continued to be a marked increase in the numbers of pigs slaughtered in Bacon Factories in the area. There is a 100% inspection of all slaughtering on licensed premises, and with the total of 5,084 carcasses it should be appreciated that a considerable amount of work is entailed.

The total number of visits and inspections show an increase of 10% over the previous year. This is accounted for by the work of Pests Destruction, for which a special officer was appointed in April, 1950.

I think it can be said that the work of the department has been well maintained over the whole of the wide field of their activities.

1.—SUMMARY OF SANITARY INSPECTOR'S VISITS FOR THE YEAR 1950

Nature of Visit or Inspection.					Totals
1.	Water Supply	...	...	...	200
2.	Drainage	...	...	...	236
3.	Stables and Piggeries	...	...	...	7
4.	Offensive Trades	...	...	...	—
5.	Fried Fish Shops	...	...	...	1
6.	Common Lodging Houses	...	...	...	—
7.	Houses—Let-in-Lodgings	...	...	...	—
8.	Tents, Vans and Sheds	...	...	...	99
9.	Factories, Workshops	...	...	...	399
10.	Outworkers	...	...	...	—
11.	Bakehouses	...	...	...	19
12.	Public Conveniences	...	...	...	48
13.	Theatres and Places of Entertainment	...	...	...	11
14.	Refuse Collection and Disposal	...	...	...	75
15.	Rats and Mice	...	...	...	757

16.	Smoke Observations	...	...	...	5
17.	Schools	...	...	...	6
18.	Shops	...	...	...	—
19.	Sewage Disposal Works	...	...	...	81
20.	Sewage Sampling	...	...	...	1
21.	New Buildings	...	...	...	175
22.	Drain Tests and Inspections	...	...	...	200
23.	Building Licensing	...	...	...	55
<i>Under Public Health Acts</i>					
24.	No. of houses inspected	...	...	...	275
25.	Visits paid to above houses	...	...	...	301
<i>Under Housing Acts</i>					
26.	No. of houses inspected	...	...	...	141
27.	Visits paid to above houses	...	...	...	39
<i>Overcrowding</i>					
28.	No. of houses inspected	...	...	...	1
29.	Visits paid to above houses	...	...	...	—
<i>Verminous Premises (30 and 31)</i>					
30.	No. of houses inspected	...	...	...	84
31.	Visits paid to above houses	...	...	...	1
32.	Council Houses, etc.	...	...	...	899
33.	Inquiries in Cases of I.D.	...	...	...	126
34.	Visits re disinfection	...	...	...	40
35.	Miscellaneous Infectious Disease Visits	...	...	...	7
<i>Inspection of Meat</i>					
36.	Visits to Slaughterhouses	...	...	...	509
37.	Visits to Shops and Stalls	...	...	...	5
38.	Fishmongers and Poulterers	...	...	...	6
39.	Grocers	...	...	...	19
40.	Greengrocers and Fruiterers	...	...	...	1
41.	Cowsheds	...	...	...	20
42.	Dairies and Milkshops	...	...	...	35
43.	Ice Cream Premises	...	...	...	97
44.	Food Preparing Premises	...	...	...	80
45.	Restaurants, Cafes	...	...	...	11
<i>Visits in Connection with Sampling</i>					
46.	Milk—Baeteriological	...	...	...	9
47.	Milk—Tuberele Bacilli	...	...	...	5
48.	Milk—Gerber Testing	...	...	...	1
49.	Food and Drugs Samples	...	...	...	—
50.	General Miscellaneous Visits	...	...	...	534
Totals					5,570

2.—NOTICES SERVED

Preliminary Notices served	...	...	...	50
Statutory Notices served	...	...	...	32

There has been an increase in the number of nuisances and more difficulty experienced in obtaining compliance with notices. Frequently delays of many months occur, and this results in many needless repeat inspections.

3.—HOUSING

SLUM CLEARANCE, ETC.

There has been steady progress in dealing with individual unfit properties. With the erection of more council houses in the Northern Parishes, and the co-operation of the Lettings Committee, the occupants of the worst slum properties are gradually being rehoused. The control of rents, coupled with the ever-increasing cost of repairs, has meant that only in a very few cases have the owners made any serious objections to the Council's action. The economics connected with housing have resulted in a general tendency for owners to be reluctant to comply with notices and to neglect essential repairs. In my opinion a revision of the legislation controlling rents is long over due.

The following tables show the position as at March 31st, 1951 :—

(1) ACTION TAKEN UNDER THE HOUSING ACTS, 1936 to 1949. This Return covers the period to 31st March, 1951

PART A — CLEARANCE AREAS

	Number of dwelling-houses demolished		Number of persons displaced
	Unfit houses	Other houses	
(1) Land coloured "pink"	Nil	—	—
(2) Land coloured "grey"	—	Nil	—

PART B.—UNFIT HOUSES NOT INCLUDED IN CLEARANCE AREAS

(1) HOUSING ACT, 1936	Number of houses	Number of displaced persons
(a) Houses demolished as a result of formal procedure under Sect. 11	10	40
(b) Houses demolished as a result of informal notices, preliminary to formal procedure under Sect. 11	3	7
(c) Houses closed in pursuance of an undertaking given by the owners under Section 11	28	112
(d) Parts of buildings closed (Sect. 12)	1	5
(e) Houses made fit—		
(i) as a result of formal notices Sections 9 to 12	19	—
(ii) as a result of informal notices preliminary to formal procedure under Sections 9 to 12	71	—
(2) HOUSING ACT, 1949		
(f) Closing Orders made under Sect. 3		
(1)	—	—
(g) Demolition Orders determined and closing Orders substituted under Section 3 (2)	—	—
(h) Demolition Orders quashed under Section 2	—	—

(2) RURAL HOUSING SURVEY (amended)

Type of Property					
Reasonably fit in all respects	Minor Defects	Requiring Repairs	Appropriate for re-con- ditioning	Unfit for habitation beyond repair	TOTALS
Category 1	Category 2	Category 3	Category 4	Category 5	
587	2,428	2,245	117	275	5,652

HOUSING ACT, 1949

Only two applications for grants were received and these were not proceeded with. It is, therefore, too soon to judge of the effect of this legislation. The standard aimed at is a high one, and it is not likely to be usefully applicable to the old, unfit, cottage property which comprises the majority of the cases in Category 3 and 5 of the Rural Housing Survey.

NEW HOUSING

The Council has proceeded with the erection of Council Houses. The activities being chiefly confined to the larger centres where mains services are available. This concentration of development resulted in the setting up of Area Lettings Committees, each of which comprise a number of Parishes. A broader outlook now exists, but there may be room for closer liaison between the various Lettings Committees.

The total number of applications for Council Houses continues to grow and these are analysed as follows:—
Lettings Area

1.	Almondsbury	...	...	...	...	403
2.	Redwick & Northwick, Aust, Olveston	...	...	...	...	125
3.	Thornbury, Alveston, Rangeworthy, Tytherington, Oldbury-on-Severn	...	...	...	...	340
4.	Falfield, Stone, Tortworth, Charfield, Cromhall, Ham & Stone, Hill, Rockhampton, Alkington	...	...	...	...	80
5.	Berkeley, Hinton, Hamfallow	...	...	...	...	161
Totals						<hr/> 1,109 <hr/>

The number of houses in the ownership of the Council at the 31st December, 1949, was 855.

The number of Council Houses completed in 1950:—

Berkeley	...	...	...	...	...	10
Thornbury	...	...	...	...	...	14
Patchway Common	...	...	...	...	...	14
Patchway Estate	...	...	...	...	...	26
Easter Compton	...	...	...	...	...	6
Sharpness	...	...	...	...	...	26
Patchway Common	...	...	...	...	...	14
Thornbury	...	...	...	...	...	16
Berkeley	...	...	...	...	...	6
Total	...	...	...	...	...	<hr/>132 <hr/>

Total houses owned by the Council at 31st Dec., 1950—987
Number of Council Houses in process of building:—

Cornish Unit:

Ashford Road, Patchway	...	...	...	20
Ashford Road, Patchway	...	...	...	22
Durban Road, Patchway	...	...	...	12
Thornbury	...	...	...	16

Traditional :

Berkeley	...	...	...	...	...	5
Thornbury	...	...	...	...	...	5
Hallen	...	...	...	...	...	12
Hamfallow	...	...	...	...	...	6
Total	...	...	...	...	...	98

An analysis of work carried out during the year is as follows :—

Major Works

Concrete Paths.	Rectory Lane, Cromhall.
	Woodhouse Avenue, Almondsbury.
	South Road, Woodhouse Down.
	Manor Lane, Charfield.
	South View, Charfield.
	Eastland Avenue, Thornbury.
	Eastland Road, Thornbury.
	Moorhouse Lane, Hallen.
	Greenhall, Alveston.
	North View, Charfield.
	Longeross, Cromhall.
	Northwick
	Passage Road, Redwick.
	Swanmoor, Pilning.
	Woodlands, Tytherington.
	Blackhorse Hill, Easter Compton.
	Cost £3,058 2 6

Conversion of Squatters' Camps,	
Itchington	... .. £312 9 5
Woodlands	... .. £51 0 0
Drainage, Rudgeway Conneil Houses	£157 0 0
External Painting	... .. £112 0 0
Council Offices—reconditioning	... £1,000 0 0
	£4,690 11 11

Minor Repairs

These covered 1,665 orders, involving	
899 visits	... .. £2,325 16 11
Total	... .. £7,016 8 10

During the next year most of the Council Houses in the Northern Parishes will need to be connected to the new Water Mains, and many houses will fall due for repainting and the provision of concrete paths.

4. BUILDING LICENSING

During the year four licences were issued for the erection of private dwellings. There is a noticeable tendency towards an increase in the costs. There is at present a waiting list of 75 applicants for licences to erect houses, and the Council continues to allocate the maximum permitted number of licences for this purpose.

The Council's yearly financial quota for Building Licences for other work was £14,384. 86 applications were received and 71 licences granted to this total.

5. WATER SUPPLIES

The area is covered by three statutory water authorities, namely (a) in the South, The Bristol Waterworks Company, (b) The West Gloucester Water Company in the Southern and Central areas, and (c) in the North, Gloucester City Council.

Stage 1 of the Gloucester Corporation Water scheme for the supply of mains water to the five Northern Parishes has proceeded with remarkable speed. An official opening ceremony took place by the Rt. Hon. Aneurin Bevan at Berkeley on 10th October, 1950. Arrangements have been made for subsidiary mains to be laid where necessary to bring the water within a reasonable distance of most properties.

It was necessary to continue the haulage of water to many new Council Houses to enable them to be occupied before the mains water became available. There still remain 18 Council Houses at Charfield, Falfield, Rangeworthy and Rockhampton where rain water tanks constitute the sole supply and have to be supplemented by hauling mains water.

A Ministry of Health inquiry was held into the West Gloucestershire Water Company's scheme for the Southern and Central areas of the district. The scheme has been approved in principle, but will need to be modified to deal with an increase in population suggested by the Planning Authority. This scheme is very necessary to augment the existing mains supply and to enable mains water to be supplied to those parishes which at the moment have only unsatisfactory well water from shallow wells.

During the year efforts were continued to get all properties within a reasonable distance of water mains connected thereto.

Parish	No. of Properties	No. of Properties supplied with mains water
<i>West Gloucestershire Water Co. and Bristol Waterworks.</i>		
Almondsbury	2,119	2,072
Aust	125	6
Alveston	392	342
Charfield	248	—
Cromhall	188	108
Falfield	123	7
Hill	41	—
Oldbury-on-Severn	170	—
Olveston	367	271
Rangeworthy	82	—
Redwick & Northwick	547	516
Rockhampton	41	—
Thornbury	877	688
Tortworth	57	—
Tytherington	164	157
<i>Gloucester Corporation Area</i>		
Alkington	197	—
Berkeley	329	49
Hamfallow	268	23
Hinton	434	36
Ham & Stone	174	—

27 samples of water were obtained from 22 sources and submitted for analysis. Six were satisfactory and 21 unsatisfactory. Where mains water was available the necessary action was taken for this to be provided. In most cases the financial limitation of £20 on the owner resulted in the department having to prepare specifications, obtain tenders and carry out the work in default, and recover the £20.

An unusual feature of one source sampled at Upper Wick was the high mineral content, usually associated with mineral spa waters.

ANALYSIS OF PUBLIC WATER SUPPLIES IN THE THORNBURY RURAL DISTRICT

(a) West Gloucestershire Water Company.

THE COUNTIES PUBLIC HEALTH LABORATORIES

66, Victoria St.,

London, S.W.1.

BACTERIOLOGICAL EXAMINATION of a SAMPLE of WATER Ref. F/AR/30 received 1.3.51 from WEST GLOUCESTERSHIRE WATER COMPANY labelled Clematis Cottage, Castle Street, Thornbury.

Date : 28.2.51, 10.25 a.m. Taken by : W. Whittern. Witness :
W. Anstec. Signed : W. Whittern.

	1 day at 37°C	2 days at 37°C	3 days at 20°C
Number of Colonies developing on Agar Presumptive Coli-	1 per ml.	1 per ml.	1 per ml.
	Present in	Absent from	Probable number
aerogenes Reaction	— ml.	100 ml.	0 per 100 ml.
Bact. coli (Type 1)	— ml.	100 ml.	0 per 100 ml.
Cl. welchii Reaction	— ml.	100 ml.	

This sample is clear and bright in appearance and conforms to the highest standard of bacterial purity.

These results are indicative of a water which is wholesome in character and suitable for drinking and domestic purposes.

5th March, 1951.

(Signed) ROY C. HOATHER.

(b) Bristol Waterworks Company.

The following figures which are from the chemical and bacteriological analysis of a sample of water taken at the Company's Central Depot on 10th October, 1950, are typical of the water supplied to consumers. The results are in parts per 100,000, unless otherwise stated.

Chemical Analysis

Total Solids	...	...	...	...	31.1
Chlorine as Chlorides	...	...	...	...	1.35
Nitrogen as Nitrates	...	...	...	...	0.19
Saline Ammonia	...	...	...	...	0.0052
Albuminoid Ammonia	...	...	...	...	0.0054
Oxygen absorbed from permanganate	...	...	...	...	0.058
Total Hardness	...	...	...	...	24.2
Permanent Hardness (i.e., after boiling)	...	...	...	...	6.4
pH	...	...	...	...	7.6
Free Chlorine (in parts per million)	...	...	...	...	0.12

Bacteriological Analysis

Colonies per cc on Agar					
3 Days at 20°C.	...	...	...	...	3
2 Days at 37°C.	...	...	...	...	7
Bacillus Coli per 100 ccs.					
Typical	...	...	...	...	Absent
Presumptive	...	...	...	...	Absent

(c) Gloucester Corporation Water Supply.

ANALYST'S REPORT ON SAMPLE OF WATER TAKEN
FROM the Co-op. Stores, Sharpness—12th January, 1951.

ROWLAND H. ELLIS,

Public Analyst.

	Parts per million
Total Dissolved Solids	255
Combined Chlorine	30
Nitrogen present as Nitrates	1.5
Nitrogen present as Nitrites	Absent
Mineral Ammonia as Nitrates	0.004
Organic Ammonia as Nitrates	0.040
Oxygen required to oxidise the organic matter in 4 hours	0.77
Temporary Hardness	80
Permanent Hardness	56
Total Hardness	136
Free Chlorine	Absent
pH Value	7.6

Bacteriological Analysis

Micro Organisms in 1 m. l capable of growing on Agar 22°C	6
Micro Organisms in 1 m. l capable of growing on Agare at 37°C	2
Bacillus Coli per 100 ml.	Nil

6. RIVERS AND STREAMS

The lower tidal reaches of the River Severn form the Western boundary of the district and the majority of the district is within this catchment area. The principal water course running through the district is the Little Avon River. A small portion in the South East of the district is within the catchment area of the Bristol Avon River.

Two small sewered communities—Sharpness and Severn Beach—discharge crude sewage into the River Severn. A portion of the village of Charfield discharges sewage into the Little Avon River, the exact line of this old sewer having been recently traced.

The Little Avon River, for the second year in succession, suffered a heavy loss of fish life. The theory advanced in last year's report has now been established as a fact, and the factory in question is to be very shortly connected to the Wickwar Sewage Works in the Sodbury Rural District.

All sewage plants in the district are periodically inspected, and where necessary samples taken. All the small sewage plants serving various groups of Council Houses are regularly serviced and maintained. In some cases, the effluents are not entirely satisfactory.

There are a number of polluted ditches and rhines which will only be abated by the implementation of the Council's full sewerage programme. In a number of cases the Council has temporarily abated the nuisances by undertaking the responsibility for the cleansing of what are more or less open sewers.

7.—DRAINAGE AND SEWERAGE

Progress is now being made on the various sewerage schemes approved by the Council on the advice of the consulting engineers—Messrs. John Taylor & Sons.

The position in each case is as follows :—

Severn Beach (Parish of Redwick & Northwick)—approved by Ministry and starting date received.

Thornbury—approved by Ministry—Tenders awaited.

Sharpness (Hinton Parish)—work proceeding.

Berkeley—approved by Ministry—drawings being prepared.

Alveston—approved by Ministry—Tenders awaited.

It is understood from the Consulting Engineers that when these five schemes are in hand, they will proceed to prepare schemes for submission to the Ministry for the following areas :

Tockington and Olveston (Olveston Parish).

Almondsbury.

Wanswell (Hamfallow Parish).

Charfield

Easter Compton (Almondsbury Parish).

There are sewers and sewage disposal plants in the district as follows :—

Parish	Situation	Type	Properties sewered	Remarks
Almondsbury	Patchway	Public Sewer	1,400	—
	Easter Compton	Sewage Works	6	Council Estate
	Woodlands	do.	14	Squatters Camp
	Cribbs Causeway	ditto	1	Public House
	Hortham Colony	ditto	1	Mental Institution
Alveston	Woodhouse Down	ditto	42	Council Estate
	Village	ditto	1	Hospital
	Greenhill	ditto	10	Council Estate
	"Firleaze" now "Silverhill"	ditto	1	Private School
	Town	Old Sewers	290	Defective
Berkeley	The Lynch	Sewage tanks	32	Council Estate
Charfield	Manor Lane	Sewage Plant	10	Council Estate
Cromhall	Village	Old Sewer	20	Approximate only
	Townwell	Sewage Plant	6	Council Estate
		ditto	1	Public House
Falfeld		ditto	6	Council Estate
	Sundays Hill	ditto	1	Home Office
	Eastwood Park	ditto	1	Nuisances caused
Hinton	Sharpness	Old sewers	200	Being re-laid and extended
Olveston				Council Estate
	Oldown	Sewage Plant	11	
	Olveston	Old Sewers	30	
	Berrows Mead	Sewage Plant	4	Council Estate
Rangeworthy	Church View	ditto	4	Council Estate
Rockhampton				
Redwick & Northwick				
Thornbury	Severn Beach	Pumping Stn.	100	Defective Sewers
	Wick Road	Sewage Plant	18	Council Estate
	Oldbury Lane	Sewage Plant	840	For whole town
Tytherington	School	ditto	1	
	Southlands	ditto	28	Council Estate
Tortworth	Leyhill Prison	ditto	1	Home Office Prison

8. CLOSET ACCOMMODATION

The closet accommodation at most cottages, and particularly in Berkeley, is very unsatisfactory. During the year two privy vaults were converted to earth closets. Twelve earth

closets were improved and twenty earth closets were replaced by water closets.

9. PUBLIC CLEANSING

A joint kerbside collection of refuse and salvage is carried out in all Parishes by direct labour. The more densely populated areas are serviced weekly. Alveston, parts of Almondsbury, Olveston and Charfield are serviced twice monthly, and the remainder of the area once monthly, except for one rural Parish which is served once per quarter.

The Council was able to improve the frequency of the service by the purchase of two 11 c. yard Ford refuse lorries.

Earth closet contents are collected weekly in Berkeley and Hamfallow. The service is responsible for the haulage of water to certain groups of Council Houses, and for regularly maintaining the various Council-owned sewage plants.

The fleet of vehicles is operated by a recently-appointed foreman-driver, four driver/loaders, four loaders and one refuse tip attendant.

2-10 cubic yard Dennis refuse lorries

2-11 cubic yard Ford refuse lorries.

1-4 ton ex-Army Ford truck.

1.450 gall. ex-Army Ford tanker.

1 Land Rover.

During the early part of the year it was difficult to find markets for waste paper, this class of salvage was not refused, and we were able to find a new market during August. Rising prices, payment of bonus to men, and the supply position generally seem to augur well for the future.

The gross cost of Refuse and Salvage during the year amounted to £4,726 1s. 9d.

The total income from salvage and trade waste was £438 0 4, made up as follows:—

Metals	£51	9	0	
Rags, etc.	£126	1	4	
Bottles	£13	8	10	
Waste Paper	£247	1	2	Total £438 0 4

The following refuse tips are in use:—

- (1) The Lynch, Berkeley. This is used for the disposal of refuse from the Northern Parishes. It accidentally caught fire and this is a source of trouble. It will soon be filled and a new tip has been acquired at Oakhunger.

- (2) The Quarry, Alveston.—This tip is in good condition but is only used during the winter months for refuse from the majority of Parishes.
- (3) Littlewood, Cromhall. This tip is used for refuse from Charfield, Cromhall and Tortworth.
- (4) Morton Farm, Thornbury. This tip consists of two farm ponds which the owner is anxious to have filled. They are chiefly used during the summer months.
- (5) Walning Farm, Pilning. A low-lying area is being filled up at the request of the farmer.

10. PUBLIC CONVENIENCES

The Council has provided and maintains four public conveniences, each with accommodation for Men and Women.

- 1.—Berkeley.
- 2.—Patchway.
- 3.—Severn Beach.
- 4.—Thornbury.

Part-time cleaners are employed for each.

11. CAMPING

A considerable amount of camping is taking place in the district. The majority of the structures consist of permanently stationed chalets and trailer caravans. A proportion are permanently occupied.

There are 16 principal licensed sites with accommodation for 600 structures; in addition there are numerous other sites occupied by one or two caravans. At the height of the holiday season I estimate that there are 2,500 campers in the district. The Council has adopted Camping Byelaws based on the model form prepared by the Ministry of Health. The sanitary accommodation at the recently licensed sites is reasonably good, but the conditions on some of the older sites are very unsatisfactory.

In my opinion dual control of camping by Planning and Public Health authorities leads to misunderstanding, and is to be deplored.

12. FACTORIES ACTS, 1937 and 1948

- (a) Inspections for purposes as to health.

Premises	Number on Register	Number of		
		Inspection	Written Notices	Occupiers Prosecuted
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	21	72	21	—
(2) Factories not included in (1) to which Section 7 applies (a) Subject to Local Authorities (Transfer of Enforcement) Act, 1938 (b) Others	90	280	15	—
(3) Other Premises under the Act (excluding out-workers' premises) ..	1	—	—	—
TOTAL	112	352	36	—

(b) Cases in which Defects were found :

Particulars	No. of cases in which defects were found				Prosecutions
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness	15	15	—	—	—
Overcrowding ..	—	—	—	—	—
Unreasonable Temperature ..	—	—	—	—	—
Inadequate Ventilation ..	3	3	—	—	—
Ineffective Drainage of Floors ..	—	—	—	—	—
Sanitary Conven'ces:					
(a) Insufficient ..	2	2	—	—	—
(b) Unsuitable or Defective ..	16	16	—	3	—
(c) Not separate for sexes ..	—	—	—	—	—
Other Offences ..	—	—	—	—	—
TOTAL	36	36	—	3	—

(c) Outworkers. Section 110 and 111.

Nature of Work : Carding, etc., of buttons, etc.

Number of Outworkers on August list required by Section 110 — 35.

There is close liaison with the Factory Inspector and there has been an increase in the number of inspections.

13. FOOD AND DRUGS ACT, 1938

There has continued to be a substantial increase in the number of bacon pigs slaughtered in the area. The increase from 3,242 carcasses in 1949 to 5,069 in 1950 has meant a considerable increase in the time spent on these duties, and when one realises that 100% inspection is made, I think it can be regarded as no mean achievement.

The number of licensed slaughtermen is 47.

Carcases Inspected	Cattle exclu'ng Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	—	—	—	15	5,069
Number inspected	—	—	—	15	5,069
CARCASES CONDEMNED :					
All disease except Tuberculosis—					
Whole carcasses condemned	—	—	—	3	5
Carcases of which some part or organ was con- demned	—	—	—	6	47
Percentage of carcasses inspected affected with diseases (other than Tuberculosis)	—	—	—	60%	1.03%
Tuberculosis only					
Whole carcasses condemned	—	—	—	—	10
Carcases of which some part of organ was con- demned	—	—	—	—	341
Percentage of carcasses affected with Tuber- culosis	—	—	—	—	6.90%

CONDEMNED FOOD REGISTER

During the year the following weight of food was inspected and certified as unsound :—

Meat (Tuberculosis)	5,411½ lbs.
Meat (Other Diseases)	805 lbs.
Tins and jars of sundry foods ...	160 lbs.
Other Foodstuffs	909 lbs.
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Total	7,285½ lbs.
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14. PREVENTION OF DAMAGE BY PESTS ACT, 1949

This Act placed upon Local Authorities the responsibility for dealing with infestations. The Council appointed a special officer to undertake the duties and be responsible for keeping the necessary records. In addition to dealing with notified cases, routine inspections should be made of all properties. Routine treatment is given to all sewers and refuse tips, and it is possible to deal promptly with all complaints. It has not been found possible to make routine inspections, except in the case of farms, of which a limited number have been visited. Close liaison has been established with the Agricultural Executive Committee's Officer and the Ministry. I think it true to say that the conscientious manner in which these duties are being tackled is bringing about a reduction in the rodent population.

There are now no "major infestations." The surprising part of the work has been the number of cases of infestation by mice.

1. PREVALENCE OF RATS AND MICE

Type of Property	(i)	(ii) Number of Properties in Local Authorities Area in which infestation was			(iv) Recorded Total of (ii) & (iii)	(v) Analysis of column (iv)			(vii) (vi)
		Notified by Occupier	(iii) Otherwise dis- covered	(vi) Number infested by Rats		Major	Minor		
Total		12	—	12	10	2	—		
Local Authority's Property	13	60	—	60	10	44	6		
Dwelling House	6,022	19	—	19	9	4	6		
Business Premises	407	3	—	3	3	—	—		
Agricultural Property	563	—	—	—	—	—	—		
Miscellaneous Propert- ies	811	94	—	94	32	50	12		
TOTAL	7,816								

2. MEASURES OF CONTROL BY LOCAL AUTHORITY

Type of Property	No. of Properties inspected	No. of Inspections made	Number of Notices Served under Sect. 4		Number of treatments carried out				Block treatment of properties in different occupancies under Section 6 (1) or by informal arrangement			
			Treatments	Works	Under Section 5 (1)				No. of blocks	No. of separate occupancies	Surface	Associ-ated sewers
					Rats	Mice	Rats	Mice only				
Local Authorities Dwelling House	12 60	71 256	Nil Nil	Nil Nil	12 54	6			5	48		No. of manholes treated
Business Premises	19	90	Nil	Nil	13	6						3
Agric. Property ..	3	3	Nil	Nil								
Misc. Property ..												
TOTAL	94	420	Nil	Nil	79	12			5	48		3

15. ICE-CREAM REGULATIONS

Ice-cream is now an established, all the year, product. The samples submitted for chemical analyses showed good sugar and fat content, but the bacteriological results revealed wide variations in the classification or grading of the product, and indicate a need for further investigations.

There are five premises registered for manufacture of ice-cream, and 40 premises registered for the sale chiefly of the pre-packed product.

Thirty-one samples were obtained, of which 15 were satisfactory. Sixteen were unsatisfactory. One case was taken up with an adjoining local authority wherein the ice-cream was produced. Repeat samples in all cases have been satisfactory.

16. MILK AND DAIRIES REGULATIONS

The lifting of restrictions on the sale of milk has resulted in competition among the milk retailers, and a demand for a product of improved chemical and bacteriological quality. Producers and retailers are realising the advantages of refrigerators.

In one case a sample of school milk from a Tuberculin Tested herd showed the presence of Tubercle Bacilli. Despite a recent clinical examination of the herd a cow being treated with penicillin for suspected mastitis was found to have tuberculosis of the udder.

The Council's officers continue to be responsible for drainage and water supplies to farms, and from observations it appears that no real attempt is at present being made to upgrade farms producing undesignated milk or to enforce any particular standard of hygiene. After all the efforts that have been made by this Council it appears to be a deplorable and retrograde step.

The number of milk samples taken was 85.

17. PETROLEUM AND CARBIDE

There has been a steady increase in the numbers of installations licensed for the storage of petrol.

The number of licences issued was 83.

This report has been prepared with the aim of presenting to the Council a brief but comprehensive survey of the work of your officers. Work in connection with Water and Sewerage is likely to occupy a prominent part during the next year or two, and there is still a need for closer supervision and control over Camping Sites and Food Premises.

The harmonious relations existing between the Council and the Staff are appreciated, and have assisted in the smooth working of the department.

I am, Mr. Chairman, Ladies and Gentlemen,

R. HUNTINGTON,

Surveyor and Chief Sanitary Inspector.

